

Brown

Died at Chester town Kent County  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Y. \_\_\_\_\_ M. \_\_\_\_\_ D. \_\_\_\_\_

MARYLAND

Date 19 02 Jan 17 Age 1- Native of Md Occupation \_\_\_\_\_  
 Male White Married Widow Divorced \_\_\_\_\_  
Female Colored Single Widower Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Cause of Death { Primary Pneumonia 93  
 Immediate \_\_\_\_\_  
 How long sick 3 weeks  
Accident Suicide Homicide

Reported by

Address

H. L. Dodd, M.D.  
Chester town, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Willie's Lamm

Town

County

Died at

Worton Point

Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jun 23

Age

2

Kent

None

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Nicholas Lamm

Mother's

Maiden Name

Mary Grooms

Cause of

Primary

Whooping Cough.

Death

Immediate

Pneumonia

How long sick

Two weeks

~~Accident, Suicide, Homicide~~

Reported by

John H. Hesseey M.D.

Address

Dumfries Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Tertrude, Paroll.

Died at <sup>Town</sup> Passapatan

County North

MARYLAND

Date 189-1902 Jan 29

Y. M. D. Age 18-<sup>abert</sup>

Native of Md

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's  
Name Richard ParollMother's  
Name Mary ParollCause of  
Primary

Pulmonary Tuberculosis

How long sick 2 years

Death  
Immediate

Accident, Suicide, Homicide

Reported by

H M Jeter, M.D.

Address Passapatan Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Isaac Chambers

Town

County

MARYLAND

Died at

Fountain

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan. 30

Age

70

Maryland

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Noah Chamber

Mother's

Maiden Name

Hilhelmina Chambers

Cause of

Primary

Mitral Regurgitation

How long sick

4 months.

Death

Immediate

Edema of Lungs

Accident, Suicide, Homicide

Reported by

S. J. Barnick.

Md.

Address

Kennedysville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Caleb, Clarkson.

Town

County

MARYLAND

Died at

George Town

Kent.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902.

January 18

Age 2.6

m f.

Male

Female

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Alex Clarkson

Suzie Pearce

How long sick

Cause of

Primary

Whooping Cough.

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Chas W. McHale M.D.  
Chester Town Md.

Address

①

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full **Saisy Cole,** Town **Lynch.** County **Kent-** MARYLAND  
 Died at **Lynch.** Month **1** Day **1** Y. **19** M. **02** D. **1902** Native of **Wd.** Occupation **none.**  
 Date **1902** Age **19** **Male** **White** **Married** **Widow** **Divorced**  
**Female** **Colored** **Single** **Widower** **Number of children living**

Husband of

Wife

Father's Name **Thomas Cole,** Mother's Maiden Name **Harriett Ann Scott.**

Cause of Death { Primary **Serofula.** How long sick **10 years.**  
 Immediate **Went - Know.** Accident, Suicide, Homicide

Reported by

Address

Reported by **Wm. S. Maywell.** **W. B. S.**  
 Address **Still Pond.** **Md.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Union

Name in Full

Certificate of Death

Vincent Comegeys

Died at Frankford Kent MARYLAND

Date 1902 1 27 Month Day Y. M. D. Age about 80 y. Kent Co. Laborer Occupation

Male White Married Widow Divorced Number of children living 12

Female Colored Single Widower

Husband of Lillie Comegeys Kent Co.

Wife Don't Know Don't Know

Father's Name Don't Know Mother's Name Don't Know

Maiden Name Don't Know

Cause of Death { Primary Old age Immediate Worn out 154

How long sick 2 months

Accident, Suicide, Homicide

Reported by H. Zenge Simmons

Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James H. Cotten  
 Town County

Died at

Colean.

Kent-

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1

2

Age

64

Md.

Farmer.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

- Number of children living 2.

Husband

of

Wife

Mary Wright.

Father's  
Name

James Cotten

Mother's

Maiden Name

Harriett Koller.

Cause of

Primary

Death

Immediate

Apoplexy.

How long sick

1 hour.

Accident, Suicide, Homicide

Reported by

Wm. S. Maywell.

Address

1911 Pond.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Poisoning

How long sick

Death

Immediate

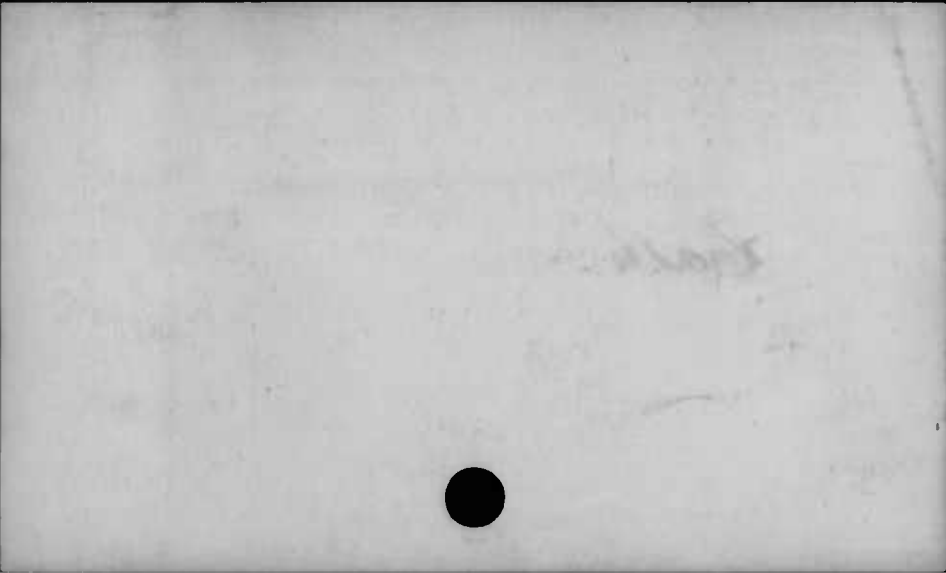
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Unnamed Infant

Died at <sup>Town</sup> *Chestertown* <sup>County</sup> *Kent* MARYLAND

Date 1902 *Jan* *14* Age *5* *Wid*  
 Male ~~Female~~ ~~White~~ *Colored* Married ~~Single~~ *Widow* *Widower* Divorced  
 Number of children living

Husband of  
 Wife

Father's Name *Isaac P. Fletcher* Mother's Maiden Name *Addie Haysom*

Cause of Death { Primary Immediate *Croup* *9* How long sick  
 Accident, Suicide, Homicide

Reported by *Isaac P. Fletcher, Chestertown Md*  
*Mark*  
 Address *W. M. Martin*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Elizabeth Fowler

Town

County

Died at

Flutlands

Kent

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Jan 14

Age

78 10 4

Kent Md

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 4

~~Husband~~ of

Wife

Thomas Fowler

Father's

Name

Dont Know

Mother's

Maiden Name

Dont Know

Cause of

Primary

Death

Immediate

General Debility

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

John H. Heasey M.D.

Address

Huntsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Charles Givins

Died at <sup>Town</sup> Melatota<sup>County</sup> Kent.

MARYLAND

Date 1902. Jan 29

Age 20

Y. M. D.

Native of

Occupation

Md. Kent.

Male

~~Female~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Silas Givins

Mother's Maiden Name Harriett A. Tennard

Cause of Primary Consumption

How long sick

3 weeks

Death Immediate Exhaustion

Accident, Suicide, Homicide

Reported by Chas W. Ethelands

Address -  
Hartford, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister





Name In Full

Certificate of Death

Theodore E Hayes

Died at <sup>Town</sup> Chestertown<sup>County</sup> San

MARYLAND

1902      Month 1      Day 8      Y. 52      M. 6      D. 5      Native of Del      Occupation Retired Mechanic

Male      White      Married      Widower      Divorced      Number of children living 1

Husband of Annie T Jones

Father's Name Tho Hayes

Mother's Name Elizabeth Scurry

Cause of Primary Paralysis of Heart & Lungs      How long sick a few minutes

Death Immediate 17 Pa Vagus      Accident, Suicide, Homicide

Reported by W Frank Herries MD

Address 19      Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Samuel Hicks

Died at <sup>Town</sup> Chesler <sup>County</sup> Russ MARYLANDDate 1902 Month 9 Day 13 Y. M. D. 2 Native of Russ Occupation —Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —Husband  
of  
WifeFather's Name Samuel Hicks Mother's Name Joie UsiltonCause of Primary Meningitis How long sickDeath Immediate Accident, Suicide, HomicideReported by W. M. Jones MPAddress Chesler Russ

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



30

Died at Mount Grove <sup>Town</sup> Kent <sup>County</sup> MARYLAND  
 Date 1902 Jan 17 <sup>Month</sup> <sup>Day</sup> 1 10 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Maryland <sup>Native of</sup> \_\_\_\_\_ <sup>Occupation</sup>  
 Male White <sup>Married</sup> Widow <sup>Divorced</sup> \_\_\_\_\_  
Female <sup>Colored</sup> Single <sup>Widower</sup> \_\_\_\_\_ <sup>Number of children living</sup>  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Henry Dodge <sup>Mother's</sup> Fonia Wilson <sup>Maiden Name</sup>  
 Cause of Death { Primary Catastrophic Pneumonia <sup>How long sick</sup> 3 days  
 Immediate Cy exhaustion <sup>Accident, Suicide, Homicide</sup> \_\_\_\_\_  
 Reported by G. Edwin Barwick M.D.  
 Address Kennedyville M.D. 92  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*John Hethered Junior*  
 Town *Kennedysville* County *Kent*  
 Died at

MARYLAND

Date 19*02* Month *Jan.* Day *10* Age *40* Y. *4* M. *11* D. Native of *Maryland* Occupation *Farmer*  
 Male White Married Widow ~~Divorced~~  
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of \_\_\_\_\_  
 Wife

Father's Name *William Junior* Mother's Maiden Name *Mary E. Hethered*

Cause of Death { Primary *Carcinoma of lower lip* How long sick *14 months*  
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *G. Wm. Parwick M.D.* *30*

Address *Kennedysville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Unnamed infant

Died at <sup>Town</sup> Chestertown <sup>County</sup> Kent MARYLAND

Month Jan Day 12 Y. M. D. Native of Occupation

Date 1902

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

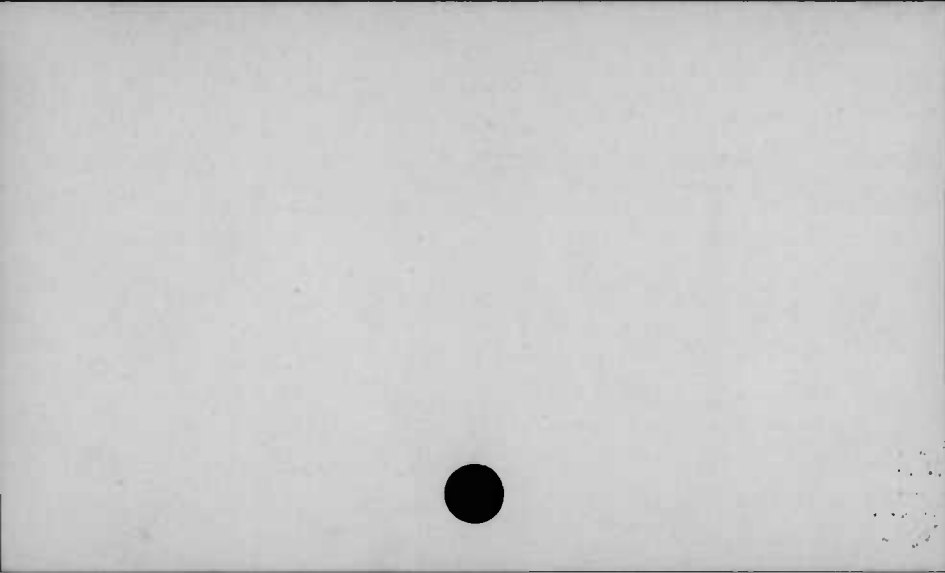
How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Andrew Thomas Jones

Died at <sup>Town</sup> Quaker Neck Wharf, <sup>County</sup> Kent MARYLAND

Date	1902	Month	Jan	Day	6	Age	35	Y	7	M.	25	D.	Native of	Kent	Occupation	Trader
Male		White		<del>Married</del>		<del>Widow</del>		<del>Divorced</del>								
<del>Female</del>		<del>Colored</del>		Single		<del>Widower</del>									Number of children living	

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name R. F. Jones Mother's Maiden Name Mary A. Sullivan

Cause of Death	Primary	Immediate	How long sick	2 yrs
	Tuberculosis	Asthenia		

Reported by H. G. Simpers, M.D.  
Address Chestertown, Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

George Edward Mairner

Town

County

Rock Hall

Kent

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 28

Age

48-4-13

ma

Waterman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Mary E. Mariner

Samuel W. Mariner

Sarah W. Mathis

Cause of

Primary

Bronchial Pneumonia

How long sick

3 or 4 weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. B. Williams

Address

Edenville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ella Middleton

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Certificate of Death

Town

County

Worton

Kent

MARYLAND

Father's Name *Charles Mitchell*

Mother's Name Man, Murray

Cause of	Primary	How long sick	3 days
----------	---------	---------------	--------

Death	Immediate	Conversion of Kongo
-------	-----------	---------------------

How long sick  
3 days

Reported by John W. Hersey, MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF THE U.S. DEPT. OF AGRICULTURE

St. Pauli.

Mrs Mary Mitchell

Town

County

Died at

Worton

Kent

MARYLAND

Date

1902

Month

Jan

Day

10th

Y.

M.

D.

Age

28

Native of

Kent

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~

of

Charles Mitchell

Wife

Father's

Name

James Murray

Mother's

Name

Matilda Murray

Cause of

Primary

How long sick

One month

Death

Immediate

Consumption

~~Accident Suicide Homicide~~

Reported by

John H. Casey M.D.

Address

Harrisville Md

El Jambo



Name in Full

Certificate of Death

Noah

Town

County

MARYLAND

Died at *St. Louis**Clark*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

*Jan 19*Age *85*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living *Can't say*

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Apoplexy*

Death

Immediate

*Stroke*

How long sick

*64*

Accident, Suicide, Homicide

Reported by

*L. W. Whalton M.D.*

Address

*Peter in**Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Irving A Reed*  
 Died at *Fairlee* <sup>Town</sup> *Kent* <sup>County</sup> MARYLAND

Date 1902 *July 22* Month *July* Day *22* Age *21-9-16* Y. M. D. Native of *Kent* Occupation *Labaron*  
 Male *White* ~~Female~~ *Married* ~~Widow~~ *Divorced* ~~Widow~~ *Number of children living*  
 Colored Single

Husband of  
 Wife

Father's Name *Noah Reed* Mother's Maiden Name *Ella Synson*

Cause of Death { Primary *Pneumonia* Immediate *Pneumonia* 93 How long sick *10 days* Accident, Suicide, Homicide

Reported by

Address

*H. J. Benge & Sons M.D.*  
*Chestertown, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Thomas William Ruggold

Died at <sup>Town</sup> Chestertown<sup>County</sup> Kent

MARYLAND

Date 19 02 <sup>Month</sup> Jan <sup>Day</sup> 11 <sup>Age</sup> 1 <sup>Y.</sup> 4 <sup>M.</sup> - <sup>D.</sup> - <sup>Native of</sup> Kent <sup>Occupation</sup> \_\_\_\_\_

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ \_\_\_\_\_

Husband of \_\_\_\_\_

Wife

Father's Name Wm. Ruggold

Mother's Maiden Name Margaret Kennard

Cause of Death { Primary Marasmus  
Immediate Heart failure

How long sick 105

Accident, Suicide, Homicide

Reported by

H. G. Simpson

V. H. D.

Address

Chestertown

Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at *Emma Smith*  
 Town *Rock Hall* County *Kent Co.* MARYLAND  
 Date 1902 *Jan. 18* Month Day Y. M. D. Age *42 6 23* Native of *Ind.* Occupation *Housewife*  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living *1*

Husband of *Chas. H. Smith*  
 Wife  
 Father's Name *Richard Smith* Mother's Maiden Name *Catherine Roe*

Cause of Death { Primary *Pneumonia* How long sick *17 days*  
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Wm. L. Moore*  
 Address *Rock Hall Kent Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town *Galeana*

County

*Kent*

MARYLAND

Date 19

02 *Jan* 20

Month

Day

Age

Y.

M.

D.

Native of

Occupation

*66**md**Carpenter*

Male

*White*

Married

*Widow*

Divorced

Female

*Colored*

Single

*Widower*

Number of children living

*five*Husband  
of~~Wife~~Father's  
Name*Mrs Smith*

Mother's

Maiden Name

Cause of

Primary

*Chronic fibroid Phthisis*

How long sick

*8 years*

Death

Immediate

*heart failure*

Accident, Suicide, Homicide

Reported by

*Dr J. W. Latimer*

Address

*Galeana*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



### Certificate of Death

Still Pond



Name in Full

Certificate of Death

Susan Thompson

Town

County

Died at

Gaurlee

Kent

MARYLAND

Date 1892

1902

Month

Day

Y.

M.

D.

Native of

Occupation

January 17

Age About 70yrs

Ind.

Cook

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living one

Husband  
of  
WifeFather's  
Name

Elijah Lehman

Mother's  
Name

Elijah Lehman

Cause of

Primary

Old age

How long sick

54 hours dead

Death

Immediate

Most likely apoplexy

Accident, Suicide, Homicide

Reported by

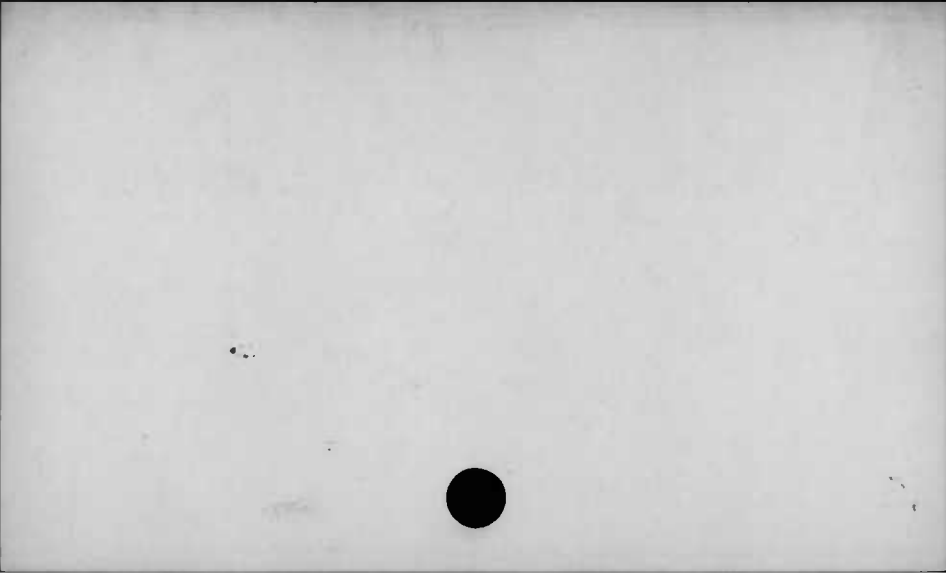
H. Benge Simmon

Address

Chestertown Ind.

To be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79736



Name in Full

Certificate of Death

Georganna Thompson  
 Died at New Chester Kent MARYLAND  
 Date 1902 1 1 about 57 md Housewife  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 2

Husband of Thomas Thompson  
 Wife Jacob Handy Mother's Rennie Handy  
 Name Jacob Handy Maiden Name

Cause of Paralysis How long sick about 1 week  
 Death Immediate Accident Suicide Homicide

Reported by Dr. Wm. G. G. G.  
 Address Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mary R Thompson

Died at near Millington Town Kent County MARYLAND

Date 1902 Month 1 Day 24 Age about 40 yrs Y. M. D. Native of md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of

Wife

Father's Name Wm Jones Mother's Maiden Name Rebecca Jones

Cause of Death { Primary General debility Immediate General debility How long sick  Accident, Suicide, Homicide

Reported by Dr W H Jacobs

Address Millington md 154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Burial at Chesterville  
of L. Smith the mother

Name In Full

Certificate of Death

Mary Faithful Vallant

Town

County

Died at Chestertown

Kent-

MARYLAND

Date 1902 1 26 Age 3 11 27 Native of Tenn. and Ga. Occupation

White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name William Edward Vallant

Mother's Name Annie B. Sutcliffe

Cause of Primery

Pneumonia

94

How long sick

5 1/2 weeks

Death Immediate

Empyema

Accident, Suicide, Homicide

Reported by

H. Frank Harris M.D.

Address

Chestertown

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. K. Brown

Church Hill  
Cemetery



Name  
in  
Full

Carrie Wallis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Still Pond</i> <sup>Town</sup>		<i>Hunt</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Jan</i>	Day <i>7</i>	Years <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Housewife</i>		
Name of <del>Wife</del> or Husband <i>Henry Wallis</i>					
Father's Name <i>— — —</i>			Father's Birthplace <i>— — —</i>		
Mother's Maiden Name <i>Jane Kennard</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Henry wallis</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary	<i>Organic Heart trouble</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>y40</i>		Signature of Physician <i>Wm. R. Messick M.D.</i>	
		Address	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

1

Pat Dixon

Name in Full

Certificate of Death

Ada Howard Hilmer.

Town

County

Died at

near Kennedyville Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 15

Age

35 1

Maryland Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

~~Singl~~

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Pneumonia

Heart Failure

How long sick

8 days

~~Accident, Suicide, Homicide~~

Reported by

L. Ivin Carrick M.D.

Address

Kennedyville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Perry Wilson

Town  
Died at

Town

County

MARYLAND

Date 1902

Month

Day

Year

10

D.

Native of

Occupation

1 8 1902 75 or 80 md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of  
Wife

Annie Wilson

Father's  
Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

Heart Failure

How long sick

17 1/2

Accident, Suicide, Homicide

Reported by

Dr W. J. Jacob

Address

Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Buried Chestnut  
Kent Co, Md

---